



Human Resources Request for Extension of Leave of Absence

Please complete all information (Numbers 1-9 must be completed in order for the request to be processed) and return with documentation to the Director, Miami-Dade County Human Resources, 111 N.W. 1st Street, Suite 2110, Miami, Florida 33128.

1. EMPLOYEE NAME _____
2. EMPLOYEE ID _____
3. DEPARTMENT: _____
4. CONTACT PERSON: _____ PHONE (305) _____
5. DATE OF ORIGINAL LEAVE OF ABSENCE FROM _____ TO _____
EXTENSION REQUESTED FROM _____ TO _____
6. Reasons from Original Leave: (You may attach a copy of employee's original written request and department director approval)
7. Reason for Request for Extension of Leave of Absence: (You may attach a copy of the employee's request for extension of Leave of Absence)
- NOTE:** An extension of a Leave of Absence beyond one year may be granted for a maximum of one year.
8. EXTENSION RECOMMENDED BY DEPARTMENT DIRECTOR YES () NO ()
9. APPROVED: _____ DATE: _____
Department Director
10. APPROVED: _____ DATE: _____
Director
Human Resources